

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>175504</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>03/17/2026</b>
NAME OF PROVIDER OR SUPPLIER <b>SPRING VIEW MANOR HEALTHCARE AND REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>412 S 8TH STREET , CONWAY SPRINGS, Kansas, 67031</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS  The following citations represent the findings of a Health Recertification Survey and complaint survey regarding allegations in 2723862	F0000		
F0582 SS = D	<p>Medicaid/Medicare Coverage/Liability Notice</p> <p>CFR(s): 483.10(g)(17)(18)(i)-(v)</p> <p>§483.10(g)(17) The facility must--</p> <p>(i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of-</p> <p>(A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged;</p> <p>(B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and</p> <p>(ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section.</p> <p>§483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate.</p> <p>(i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible.</p> <p>(ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change.</p>	F0582		

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0582 SS = D	<p>Continued from page 1</p> <p>(iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.</p> <p>(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.</p> <p>(v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>The facility identified a census of 40 residents. The sample included 12 residents with three reviewed for Center for Medicare and Medicaid Services (CMS) Beneficiary Liability notices. Based on record review and interviews, the facility failed to provide form CMS-10055 Skilled Nursing Facility (SNF) "Advanced Beneficiary Notice of Non-Coverage" (ABN- which included the estimated cost for continued services) to the resident or their representative for Resident (R) 6 and R25.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- R6's Electronic Medical Record (EMR) documented a Medicare Part A episode beginning on 09/18/25 and ending on 10/20/25. R6 remained in the facility for custodial care. R6's EMR lacked evidence that the ABN was provided.</li> </ul> <p>Review of the R25's EMR documented a Medicare Part A episode that began on 10/25/25 and ended on 12/24/25. R25 remained in the facility for custodial care. R25's EMR lacked evidence that the ABN was provided.</p> <p>On 3/17/26 at 07:45 AM, Social Service Staff X stated she was not aware she needed to complete and issue the ABN. She reported she discussed this with Administrative Nurse D and started a progress improvement plan.</p>	F0582		

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F0582 SS = D	Continued from page 2 Upon request, the facility was unable to provide evidence that the Form CMS-10055 was provided to R6 and R25.  The facility policy "Advance Beneficiary Notices" reviewed 05/07/25 documented the facility to provide timely notices regarding Medicare eligibility and coverage. The facility shall inform Medicare beneficiaries of their potential liability for payment. A liability notice shall be issued to Medicare beneficiaries upon admission or during the residents' stay before the facility provides an item or service that is usually paid for by Medicare, but may not be paid for in a particular instance because it is not medically reasonable and necessary or custodial care.	F0582		
F0628 SS = D	Discharge Process  CFR(s): 483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 483.21(c)(2)  §483.15(c)(2) Documentation.  When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.  (iii) Information provided to the receiving provider must include a minimum of the following:  (A) Contact information of the practitioner responsible for the care of the resident.  (B) Resident representative information including contact information  (C) Advance Directive information  (D) All special instructions or precautions for ongoing care, as appropriate.  (E) Comprehensive care plan goals;  (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.	F0628		

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F0628 SS = D	<p>Continued from page 3</p> <p>§483.15(c)(3) Notice before transfer.</p> <p>Before a facility transfers or discharges a resident, the facility must-</p> <p>(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.</p> <p>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p> <p>§483.15(c)(4) Timing of the notice.</p> <p>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section</p>	F0628		

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F0628 SS = D	<p>Continued from page 4 must include the following:</p> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is transferred or discharged;</p> <p>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and</p> <p>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice.</p> <p>If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure</p> <p>In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term</p>	F0628		

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F0628 SS = D	<p>Continued from page 5 Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).</p> <p>§483.15(d) Notice of bed-hold policy and return-</p> <p>§483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies-</p> <p>(i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;</p> <p>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;</p> <p>(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and</p> <p>(iv) The information specified in paragraph (e)(1) of this section.</p> <p>§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section.</p> <p>§483.21(c)(2) Discharge Summary</p> <p>When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following:</p> <p>(i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results.</p> <p>(ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of</p>	F0628		

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F0628 SS = D	<p>Continued from page 6 the resident or resident's representative.</p> <p>(iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter).</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>The facility reported a census of 40 residents. The sample included 12 residents with four residents reviewed for hospitalization. Based on interview and record review, the facility failed to provide Resident (R) 50 with a written notification of transfer to the resident and/or his representative as soon as practicable and failed to send a copy of that notification to the ombudsman.</p> <p>Findings included:</p> <p>-R50's Electronic Medical Record (EMR) revealed a diagnosis of obesity (excessive body fat), dependence on supplemental oxygen, cognitive communication deficit (an impairment in organization, sequencing, attention, memory, planning, problem-solving, and safety awareness), and skin cancer.</p> <p>R50's "Nurse's Note" dated 12/11/25 at 05:34 PM documented R50 was short of breath, coughing up yellow sputum, and had an oxygen saturation (percentage of oxygen in the blood) level of 88 percent (%). New medication orders were given at that time, as well as lab orders and an order for a mobile chest X-ray.</p> <p>R50's "Nurse's Note" dated 12/11/25 at 06:21 PM documented the nurse left a message for the responsible party that R50 was going to the hospital.</p> <p>R50's "Nurse's Note" dated 12/11/25 at 06:33 PM documented R50 was leaving with emergency services for the hospital.</p> <p>R50's "Nurse's Note" dated 12/22/25 at 06:01 PM documented R50 returned to the facility at 11:30 AM and would be receiving skilled therapy services.</p> <p>R50's EMR had a bed hold assessment with a verbal confirmation for R50.</p> <p>R50's EMR lacked documentation of written notification to the resident and/or her representative, which explained the reason for the transfer to the hospital.</p> <p>On 03/16/26 at 8:08 AM, R50 wheeled himself from the dining room to his room. R50 stated he was supposed to</p>	F0628		

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F0628 SS = D	<p>Continued from page 7 sign the bed hold, but they did not give it to him before he left for the hospital.</p> <p>On 03/16/26 at 8:11 AM, Social Service X stated that Social Service Y obtained the bed holds when a resident left the facility. Social Service X was not aware of a letter to the residents or representatives.</p> <p>On 03/16/26 at 8:16 AM, Social Service Y stated she did a verbal bed hold and would get it. Social Service Y was not sure whether to send a letter to the resident or representative or send it to the ombudsman.</p> <p>On 03/16/26 at 2:52 PM, Administrative Nurse E stated the facility has not been sending a notification to the family in writing with the reason for the transfer, nor have they sent it to the ombudsman notification. The facility sent an email one month ago, then not again.</p> <p>The facility's "Transfer and Discharge (including AMA)" policy dated 07/14/25 documented that a transfer/discharge notice will be provided to the resident and the resident's representative in a language and manner in which they can understand. The notice will include all of the following at the time it is provided:</p> <ul style="list-style-type: none"> <li>a. The specific reason and basis for transfer or discharge.</li> <li>b. The effective date of transfer or discharge.</li> <li>c. The specific location (such as the name of the new provider or description and/or address if the location is a residence) to which the resident is to be transferred or discharged.</li> <li>d. An explanation of the right to appeal the transfer or discharge to the State.</li> <li>e. The name, address (mailing and email), and telephone number of the State entity that receives such appeal hearing requests.</li> <li>f. Information on how to obtain an appeal form.</li> <li>g. Information on obtaining assistance in completing and submitting the appeal hearing request.</li> <li>h. The name, address (mailing and email), and phone number of the representative of the Office of the State Long-Term Care Ombudsman.</li> <li>i. For nursing facility residents with intellectual and</li> </ul>	F0628		

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F0732 SS = C	<p>Posted Nurse Staffing Information</p> <p>CFR(s): §483.35(g)(1)-(4)</p> <p>§483.35(g) Nurse Staffing Information.</p> <p>§483.35(g)(1) Data requirements. The facility must post the following information on a daily basis:</p> <p>(i) Facility name.</p> <p>(ii) The current date.</p> <p>(iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:</p> <p>(A) Registered nurses.</p> <p>(B) Licensed practical nurses or licensed vocational nurses (as defined under State law).</p> <p>(C) Certified nurse aides.</p> <p>(iv) Resident census.</p> <p>§483.35(g)(2) Posting requirements.</p> <p>(i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift.</p> <p>(ii) Data must be posted as follows:</p> <p>(A) Clear and readable format.</p>	F0732		

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F0732 SS = C	<p>Continued from page 9</p> <p>(B) In a prominent place readily accessible to residents, staff, and visitors.</p> <p>§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>The facility reported a census of 40 residents. Based on observation, interview, and record review, the facility failed to ensure the posted daily nurse staffing sheets included accurate and identifiable information to include actual staff hours, as required.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- During an observation on 03/16/26 at 08:36 AM, the daily staffing sheet hung on the wall near the nurse's station. The daily nurse staffing form for 03/16/26 was posted and lacked the actual hours worked per shift for licensed and unlicensed staff providing resident care.</li> </ul> <p>On 03/16/26 at 08:35 AM, Licensed Nurse (LN) G stated that the nurse does not change the time or add actual hours on the posted staffing sheet. An example is today, there was a staff member who was late, and he would not write anything on the sheet. The business office will do it later.</p> <p>On 03/16/26 at 08:47 AM, Administrative Nurse E stated she put the staff sheet out, and at the end of the week, the office put actual hours on the sheet. No actual hours are adjusted until then.</p> <p>On 03/16/26 at 12:12 PM, the daily nurse staffing form for 03/16/26 was posted and lacked the actual hours worked per shift for licensed and unlicensed staff providing resident care.</p> <p>On 03/16/26 at 12:12 PM, Administrative Nurse D stated the nurse should put the actual hours on the posted staffing sheet and not wait until the end of the week.</p>	F0732		

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F0732 SS = C	Continued from page 10 The facility's "Nurse Staffing Posting Information" policy last reviewed on 02/05/25, documented the Nurse Staffing Sheet will be posted on a daily basis and will contain the name of the facility, date, resident census, the total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: Registered Nurses, Licensed Practical Nurses/Licensed Vocational Nurses, and Certified Nurse Aides. The facility will post the Nurse Staffing Sheet at the beginning of each shift, and the information shall reflect staff absences on that shift due to call-outs and illness. After the start of each shift, actual hours will be updated.	F0732		
F0804 SS = D	Nutritive Value/Appear, Palatable/Prefer Temp  CFR(s): 483.60(d)(1)(2)  §483.60(d) Food and drink  Each resident receives and the facility provides-  §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;  §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature.  This REQUIREMENT is NOT MET as evidenced by:  The facility reported a census of 40 residents and one kitchen. Based on observation, interview, and record review, the facility failed to ensure staff served meals at safe and appetizing temperatures. The facility also failed to follow the recipe of pureed green beans, which altered the nutritive content.  Findings Included:  - During an observation on 03/16/26 at 11:08 AM, Dietary Staff (DS) EE added tap water to the green beans during the puree process of the green beans. Immediate review of the facility recipe for pureed green beans revealed that if the puree consistency needed to be thinned, the staff were to gradually add an appropriate hot liquid such as broth, gravy, milk, or reserved cooking liquid.  During an observation on 03/16/2026 at 11:35 AM, DS EE handed the cooked pureed spaghetti to DS BB, who then took the cooked pureed spaghetti to a resident in the	F0804		

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F0804 SS = D	<p>Continued from page 11 dining room. Upon prompting/request, DS BB obtained a temperature of the pureed spaghetti and reported it was 127 degrees Fahrenheit (F).</p> <p>During an observation on 03/16/26 at 12:01 PM, DS BB delivered a hall meal tray. The hall meal was plated onto a heated covered plate that was transported to room 16 in an enclosed insulated food box on a cart. Upon prompting/request, DS BB obtained the temperature of the cooked spaghetti delivered and noted it was 130 degrees F. DS BB then obtained a temperature on the Italian tossed salad at 52 degrees F.</p> <p>During an interview on 03/16/26 at 12:05 PM, Resident (R)7 stated that when the staff served food to R7's room, the food was not hot, but it was kind of warm.</p> <p>During an interview on 03/16/26 11:34 AM, DS EE stated they do not obtain temperatures on cooked food or on cooked pureed food before sending it to the dining room to be served to residents.</p> <p>During an interview on 03/16/26 at 11:50 AM, DS BB stated the facility expected cooked pureed spaghetti to maintain a holding temperature of 135 degrees F or above before serving it to a resident. DS BB stated this ensured the food was not in the danger zone and was at the appropriate safe temperature to prevent foodborne illness.</p> <p>During an interview on 03/16/26 at 12:01 PM, DS BB stated the temperature of the cooked spaghetti should be maintained at 135 degrees or above before serving it, and the Italian tossed salad should maintain a holding temperature of 41 degrees F or below before serving it.</p> <p>The facility's policy "Monitoring Food Temperatures for Meal Service" guideline and Procedure Manual dated 2020, documented that the serving/holding temperature of a hot food item should be 135 degrees F or higher, and the serving/holding of a cold food item should be at 41 degrees F or below.</p>	F0804		
F0812 SS = F	<p>Food Procurement,Store/Prepare/Serve-Sanitary</p> <p>CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements.</p> <p>The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or</p>	F0812		

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F0812 SS = F	<p>Continued from page 12 considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>The facility reported a census of 40 residents with one kitchen. Based on observation, interview, and record review, the facility failed to provide sanitary conditions for food storage and preparation to prevent the potential spread of foodborne illness to the residents of the facility.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Initial tour of the facility kitchen on 03/15/26 at 08:05 AM with Dietary Staff (DS) EE, revealed the following areas of concern:</li> </ul> <p>Three open plastic bags of food in the freezer have ice crystals formed directly on the food items inside the bags.</p> <p>One unsealed bag of meat.</p> <p>One package of opened cheese.</p> <p>During an observation on 03/16/26 at 11:17 AM, DS EE checked the dishwasher water temperature with a thermometer. The thermometer recorded the dishwasher's water temperature at 103 degrees Fahrenheit (F).</p> <p>During an interview with DS EE on 03/16/26 at 11:20 AM, DS EE said the water temperature of the dishwasher should be 120 degrees F. to properly disinfect/sanitize dishware/cookware in the dishwasher.</p>	F0812		

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F0812 SS = F	<p>Continued from page 13</p> <p>During an observation on 03/15/26 at 11:36 AM, DS CC carried a resident's meal plate on a tray. DS CC placed their thumb on the eating surface of the plate as they delivered it to the resident.</p> <p>During an observation on 03/15/26 at 11:37 AM, DS DD carried two resident meal plates on a tray and placed their thumb on the eating surface of the plates as they delivered them to the resident.</p> <p>Review of the Clean Slate Kitchen Service Report dated 01/30/26 revealed the following water temperatures in the dishwasher:</p> <p>Wash Temp 123.0 degrees F.</p> <p>Final Rinse Temp 123.0 degrees F.</p> <p>Review of the Clean Slate Kitchen Service Report dated 02/25/26 revealed the following water temperatures in the dishwasher:</p> <p>Wash Temp 122.0 degrees F.</p> <p>Final Rinse Temp 122.0 degrees F.</p> <p>On 03/16/26 at 11:25 AM, DS BB revealed that the pilot light on the water heater went out at times. DS BB said the staff should monitor the dishwasher water temperatures, and dishes/cookware should not be run through the dishwasher if the water temperature is not at least 120 degrees F.</p> <p>Review of the Dishwashing: Machine Operation Policy/guideline and Procedure Manual dated 2020 revealed it did not include a specific temperature to clean, disinfect, or sanitize kitchen cookware or dishware.</p>	F0812		
F0880 SS = D	<p>Infection Prevention &amp; Control</p> <p>CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control</p> <p>The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p>	F0880		

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F0880 SS = D	<p>Continued from page 14</p> <p>§483.80(a) Infection prevention and control program.</p> <p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv)When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p>	F0880		

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F0880 SS = D	<p>Continued from page 15</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens.</p> <p>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review.</p> <p>The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>The facility identified a census of 40 residents. The facility identified 10 residents on Enhanced Barrier Precautions (EBP-infection control interventions designed to reduce transmission of resistant organisms that employ targeted gown and glove use during high contact care). Based on record review, observations, and interviews, the facility failed to ensure Resident (R) 37 and R5's nebulizer (a device that changes liquid medication into a mist easily inhaled into the lungs) masks were stored in a sanitary manner when not in use. The facility also failed to ensure staff wore the required personal protective equipment (PPE) for EBP and sanitized hands when doing direct care.</p> <p>Findings included:</p> <p>-Observation on 03/15/26 at 09:01 AM revealed Certified Medication Aide (CMA) R &amp; Certified Nurse Aide (CNA) N applied gloves but did not perform hand hygiene when entering R8's room. CNA N raised the bed and grabbed the trash can around the rim of the can. CMA R opened R8's incontinence brief and wiped R8's peri area. CNA N took a wipe and wiped R8's peri area. CNA N removed R8's soiled brief and CMA R attached the clean brief. CNA N removed her gloves and washed her hands, while CMA R continued pulling up R8's pants with her soiled gloves. CMA R then removed her gloves and applied a clean pair of gloves without performing hand hygiene. CMA R put on R8's shoes, and both staff assisted R8 to a seated position in bed.</p> <p>On 03/15/26 at 09:33 AM, R37 sat on the recliner next to the window. R37's nebulizer mask lay directly on the bedside table, not in a sanitary container, next to his bed across the room.</p>	F0880		

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F0880 SS = D	<p>Continued from page 16</p> <p>On 03/15/2026 at 11:53 AM, R5's nebulizer lay directly on her bedside table with a small amount of fluid in the chamber. R5's nebulizer mask was not in a sanitary container.</p> <p>On 03/16/26 at 09:00 AM, Licensed Nurse (LN) G entered R3's room and performed a dressing change on R3's enteral (within or via the small intestine) feeding site. LN G donned and doffed gloves during the dressing change. LN G took gloves from his pants pocket and donned them to complete the dressing change. LN did not don a gown for this direct care. LN G discarded R3's feeding syringe from the container, opened the new syringe from the package, removed the plunger from the new feeding syringe, and then placed the plunger into the soiled container.</p> <p>On 03/16/26 at 01:25 PM, LN G donned gloves, which he removed from his pants pocket, and a gown, then entered R1's room to perform a wound dressing change. LN G left the room to verify R1's treatment order for the dressing change, then returned to R1's room without changing his gloves or performing hand hygiene. He knelt on the floor and removed R1's socks, then left the room to retrieve an item from the treatment cart. LN G assisted R1's roommate, who was in a wheelchair, into the room. Wearing the same gloves, LN G knelt again onto the floor and opened the gauze dressing packages. LN G cleansed the wound with wound cleanser and dried the wound with the gauze dressings. Continuing with the same soiled gloves, LN G applied Skin-prep (liquid skin protectant) around the wound edges, then applied the clean dressing to R1's wound. LN G retrieved a marker from his pocket and dated the new wound dressing.</p> <p>On 03/16/26 at 03:13 PM, Administrative Nurse D stated the nebulizer should be placed in a bag between treatments.</p> <p>On 03/16/26 at 03:55 PM, LN G stated the nebulizer tubing and masks were changed weekly on Sundays. LN G stated the nebulizer should be placed in a bag between treatments. LN G stated he should have worn the right PPE, including a gown, for R3's dressing change. LN G stated he should have cleaned the container prior to placing the syringe plunger into the soiled container and said he should have performed hand hygiene and changed his PPE during R1's wound care.</p> <p>On 03/16/26 at 04:10 PM, Administrative Nurse E, the facility's Infection Preventionist, stated staff should perform hand hygiene between glove changes. She stated that gloves should be changed between soiled and</p>	F0880		

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F0880 SS = D	Continued from page 17 clean. She stated PPE should be worn during any dressing change.  The facility's "Hand Hygiene" policy dated 06/11/25 documented that all staff would perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility.  The facility's "Enhanced Barrier Precautions" policy dated 04/01/24 documented that it was the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms.	F0880		
F0883 SS = D	Influenza and Pneumococcal Immunizations  CFR(s): 483.80(d)(1)(2)  §483.80(d) Influenza and pneumococcal immunizations  §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that-  (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;  (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;  (iii) The resident or the resident's representative has the opportunity to refuse immunization; and  (iv)The resident's medical record includes documentation that indicates, at a minimum, the following:  (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and  (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.  §483.80(d)(2) Pneumococcal disease. The facility must	F0883		

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F0883 SS = D	<p>Continued from page 18 develop policies and procedures to ensure that-</p> <p>(i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's representative has the opportunity to refuse immunization; and</p> <p>(iv)The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>The facility identified a census of 40 residents. The sample included 12 residents with five reviewed for immunization status. Based on record reviews, and interviews, the facility failed to offer or obtain informed declinations, consent, or a physician-documented contraindication for the influenza (highly contagious viral infection that attacks the lungs, nose, and throat and can be deadly in high-risk groups) vaccination for Resident (R) 28.</p> <p>Findings included:</p> <p>- On 03/15/26, R28's clinical record revealed he was admitted on 10/14/24.</p> <p>The Electronic Medical Record (EM) under the "Immunization" tab lacked documentation of whether the influenza vaccination was offered or declined, and lacked documentation of a historical administration or physician-documented contraindication. The facility provided a declination for the annual influenza vaccination dated 03/16/26.</p> <p>On 03/16/26 at 03:50 PM, Administrative Nurse E, the</p>	F0883		

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F0883 SS = D	Continued from page 19 facility's Infection Preventionist, stated she was the person responsible for tracking immunizations. She stated she had left a message regarding R28's immunizations with his legal representative. Administrative Nurse E stated the legal representative had declined the influenza vaccination.  The facility's "Influenza Vaccination" policy dated 06/11/25 documented it was the policy of the facility to minimize the risk of acquiring, transmitting, or experiencing complications from influenza by offering the residents, staff members, and volunteer workers annual immunization against influenza.	F0883		
F0947 SS = F	Required In-Service Training for Nurse Aides  CFR(s): 483.95(g)(1)-(4)  §483.95(g) Required in-service training for nurse aides.  In-service training must-  §483.95(g)(1) Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year.  §483.95(g)(2) Include dementia management training and resident abuse prevention training.  §483.95(g)(3) Address areas of weakness as determined in nurse aides' performance reviews and facility assessment at § 483.71 and may address the special needs of residents as determined by the facility staff.  §483.95(g)(4) For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.  This REQUIREMENT is NOT MET as evidenced by:  The facility reported a census of 40 residents. Based on interview and record review, the facility failed to develop, implement, and permanently maintain an in-service training program for Certified Nurse Aide (CNAs) with the required topics and no less than 12 hours per year for two out of five staff reviewed.  Findings included:	F0947		

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F0947 SS = F	<p>Continued from page 20</p> <p>- On 03/16/26 at 12:44 PM, review of training records for five Certified Nurse Aides (CNAs) employed by the facility for more than one year revealed two CNAs had less than 12 hours of documented in-service training for the previous 12 months. CNA P, with a start date of 12/20/23, had eight hours of documented training, and CNA Q, with a start date of 07/22/24, had seven hours of documented training.</p> <p>On 03/17/26 at 09:18 AM, Administrative Nurse E confirmed that all CNAs were required to have 12 hours of training annually and stated that there were no records of additional training for those CNAs.</p> <p>The facility did not provide a policy.</p>	F0947		